

TAB

SECRET

(When Filled In)

Approved For Release 2005/06/22 : CIA-RDP78-03721A000600010003-0

NOMINATION AND DESIGNATION OF PARTICIPANT
CIA RETIREMENT AND DISABILITY SYSTEM

SECTION A

STATUS OF EMPLOYEE

1. SERIAL NUMBER	2. NAME (Last-First-Middle)	3. DATE OF BIRTH	4. SD	5. EMPLOYMENT CATEGORY 25X1
6. CURRENT OCCUPATIONAL TITLE		7. GRADE	8. OFFICE OF ASSIGNMENT	
9. ASSIGNMENT LOCATION → <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> U.S. FIELD <input type="checkbox"/> FGN. FIELD		10. LONGEVITY COMPUTATION DATE		11. SERVICE COMPUTATION DATE

SECTION B

PERFORMANCE OF QUALIFYING SERVICE

1. Has this employee completed any qualifying service? <input type="checkbox"/> YES <input type="checkbox"/> NO. If "Yes", list periods of such service below							
INCLUSIVE DATES (From- To-)		OCCUPATIONAL TITLE	LOCATION WHERE SERVICE PERFORMED (City-Country or State)	CHECK ONE		TOTAL TIME	
MONTH/DAY/YR	MONTH/DAY/YR			PCS	TDY	MONTH	DAYS
2. Is this employee currently performing qualifying service? <input type="checkbox"/> YES <input type="checkbox"/> NO. If "Yes", complete the following:							
BEGIN DATE	END DATE	OCCUPATIONAL TITLE	LOCATION	PCS	TDY	MONTHS	DAYS
3. If employee was assigned in the United States during any period of qualifying service listed above, describe his duties below, pointing out those conditions which meet the requirements of QUALIFYING SERVICE.							
4. Is this employee currently on official orders for a PCS assignment requiring the performance of qualifying service? <input type="checkbox"/> YES <input type="checkbox"/> NO. If "Yes", attach a certification to this effect.							
5. CERTIFICATION - The information furnished above has been verified against official Agency records. Where no official record was available, a supporting statement is attached.							
6. TYPED NAME AND TITLE OF CAREER SERVICE APPROVING OFFICIAL			7. SIGNATURE			8. DATE	

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STATUS OF SERVICE AGREEMENT

SECTION C

(TO BE COMPLETED BY CAREER SERVICE APPROVING OFFICIAL)

- ☐ Form 3101, Service Agreement, is attached.
- ☐ Because of temporary absence of the nominee, Form 3101, Service Agreement, will be forwarded at a later date.
- ☐ (1) Nominee has over 15 years of Agency service or (2) nominee cannot be readily contacted to sign a Service Agreement. The signed "Application for Membership in the Career Staff of the CIA" on file in the nominee's Official Personnel Folder should be accepted in lieu of Form 3101, Service Agreement.
- ☐ Nominee is overseas and a signed "Application for Membership in the Career Staff of the CIA" is NOT filed in his Official Personnel Folder. Form 3101, Service Agreement, will be requested from the field upon notification that the CIA Retirement Board has recommended approval of his nomination.

SECTION D

RECOMMENDATION OF HEAD OF CAREER SERVICE

1. Based on his career assignment and past and prospective performance of qualifying service, this employee is recommended for designation as a participant in the CIA RETIREMENT AND DISABILITY SYSTEM. He is serving in a career field which normally requires the performance of qualifying service as an integral part of a career in that field.

2. TYPED NAME AND TITLE

3. SIGNATURE OF HEAD OF CAREER SERVICE

4. DATE

SECTION E

RECOMMENDATION OF CIA RETIREMENT BOARD

1. The record of this employee has been reviewed and the CIA RETIREMENT BOARD has recommended on _____ (DATE) that this employee:

- ☐ be designated as a participant in the CIA RETIREMENT AND DISABILITY SYSTEM
- ☐ NOT be designated as a participant

2. TYPED NAME AND TITLE

3. SIGNATURE

4. DATE

SECTION F

DETERMINATION BY DIRECTOR OF PERSONNEL

1. In accordance with _____ this employee is
☐ DESIGNATED ☐ NOT designated a participant in the CIA Retirement and Disability System.

2. SIGNATURE OF DIRECTOR OF PERSONNEL

3. DATE

SECTION G

ADDITIONAL INFORMATION

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MONTH/DAY/YR	MONTH/DAY/YR			PCS	TDY	MONTH	DAYS

2. Is this employee currently performing qualifying service? <input type="checkbox"/> YES <input type="checkbox"/> NO. If "Yes", complete the following:							
BEGIN DATE	END DATE	OCCUPATIONAL TITLE	LOCATION	PCS	TDY	MONTHS	DAYS

3. If employee was assigned in the United States during any period of qualifying service listed above, describe his duties below, pointing out those conditions which meet the requirements of QUALIFYING SERVICE.

4. Is this employee currently on official orders for a PCS assignment requiring the performance of qualifying service? ☐ YES ☐ NO. If "Yes", attach a certification to this effect.

5. CERTIFICATION - The information furnished above has been verified against official Agency records. Where no official record was available, a supporting statement is attached.

6. TYPED NAME AND TITLE OF CAREER SERVICE APPROVING OFFICIAL	7. SIGNATURE	8. DATE

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